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Bib Data Sheet

**CONFIRMATION NO. 1508** 

| SERIAL NUMBER<br>10/510,941                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FILING OR 371(c) DATE 10/08/2004 RULE                                                                                                                                        | C                                              | <b>LASS</b><br>435             | GROUP ART UNIT<br>1653 |                                                                                                     | Γ UNIT             | ATTORNEY<br>DOCKET NO.<br>10297.204-US |  |
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| Steen Troels of Michael Dolbjon Peter Bjarke (In International Internati | ndersen, Naerum, DENM<br>Jorgensen, Allerod, DENI<br>erg Rasmussen, Vallenst<br>Disen, Kobenhavn O, DEN<br>sen, Hillerod, DENMARK<br>TA ************************************ | MARK;<br>baek, DEI<br>NMARK;<br>;<br>*<br>**** |                                |                        |                                                                                                     |                    |                                        |  |
| Foreign Priority claimed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                | STATE OR<br>COUNTRY<br>DENMARK | DRAWING CLA            |                                                                                                     | TOTA<br>CLAI<br>19 | IMS CLAIMS                             |  |
| ADDRESS<br>25908                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |                                                |                                |                        |                                                                                                     |                    |                                        |  |
| TITLE<br>Bacillus host cell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                              |                                                |                                |                        |                                                                                                     |                    |                                        |  |
| FILING FEE FEI<br>RECEIVED No.<br>950 No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S: Authority has been given in Paper to charge/credit DEPOSIT ACCOUNT for following:                                                                                         |                                                |                                |                        | All Fees  1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time)  1.18 Fees (Issue)  Other  Credit |                    |                                        |  |